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EXHIBIT A-2

Statement of Work Template

STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Human Services AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

6/28/2022

Mississippi Department of Human Services 200 South Lamar Street Jackson, MS 39202

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number: 104834
 IT Contingent Worker Name: Robin Smith

Vendor Name: Cambria Solutions Inc.
 Position Title: Business Analyst

Regular Hourly Bill Rate: \$56.00
 OT Hourly Bill Rate (if applicable): \$56.00
 Original Number of Hours to be worked: 6900 hours

Amendment 1: Number of hours to be worked: N/A
 Amendment 2: Number of hours to be worked: N/A
 Amendment 3: Number of hours to be worked: N/A

• Original Total Cost of SOW: (Not to exceed) \$ 386,400.00

Amendment 1: Total Cost of SOW: (Not to exceed)
 Amendment 2: Total Cost of SOW: (Not to exceed)
 Amendment 3: Total Cost of SOW: (Not to exceed)

Start Date of Service: 7/11/2022
 Original End Date of Service: 7/11/2025

Amendment 1: End Date of Service: N/A
 Amendment 2: End Date of Service: N/A
 Amendment 3: End Date of Service: N/A

Work Location:
 200 South Lamar Street
 Jackson, MS 39202

 Revised 07/10/2019
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 STATE OF MS IT STAFF AUG

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

MPSSISIPHY Department of Human Services Steve Stanford	GuideSoft Inc., d/b/a Knowledge Services Katie Belange
Authorized Signature	Authorized Signature
Steve Stanford	Katie Belange
Printed Name	Printed Name
MDHS Deputy Exec Dir - Econ Prog	Corporate Counsel
Title	Title
6/29/2022	Jun 29, 2022
Date	Date